



APPLICATION FOR REAL ESTATE APPRAISER PERMIT FOR TEMPORARY PRACTICE

State Form 45664 (R6 / 10-06)

Approved by State Board of Accounts, 2006

REAL ESTATE APPRAISER LICENSURE & CERTIFICATION BOARD
PROFESSIONAL LICENSING AGENCY
402 West Washington Street, Room W072
Indianapolis, IN 46204
Telephone: (317) 234-3009
E-mail: pla9@pla.IN.gov
<http://www.in.gov/pla>

INSTRUCTIONS: Please type or print all information.

* Your Social Security number is being requested by this state agency in accordance with IC 4-1-8-1. Disclosure is mandatory, and this record cannot be processed without it.

FOR OFFICE USE ONLY

Application fee	Date fee paid (month, day, year)	Receipt number
Permit number	Date permit issued (month, day, year)	

DO NOT WRITE ABOVE THIS LINE

Permit for temporary practice as a:

☐ Licensed residential appraiser ☐ Certified residential appraiser ☐ Certified general appraiser

TEMPORARY PERMIT HISTORY

Have you ever applied to the Indiana Real Estate Appraiser Licensure and Certification Board for a permit for temporary practice?

☐ Yes ☐ No

If yes, how many previous temporary permits have you been granted?

Please provide issuance dates for previous permits (month, day, year)

APPLICANT INFORMATION

Name of applicant (last, first, middle, maiden or previous)		
Social Security number *	Date of birth (month, day, year)	Place of birth (city, state)
Name of appraisal business		
Appraisal business mailing address (number and street, city, state and ZIP code)		
Business telephone number ()	Residential telephone number ()	E-mail address

APPRAISAL ASSIGNMENT INFORMATION

Assignment address (number and street, city, state, and ZIP code)	
Date project will begin (month, day, year)	How long will your assignment take? (indicate days, weeks, or months)

CURRENT EMPLOYER

Name of company
Address (number and street, city, state, and ZIP code)

STATE LICENSURE / CERTIFICATION VERIFICATION

Pursuant to 876 IAC 3-3-21, the Board will recognize, on a temporary basis, the license or certificate of an appraiser issued by another state, providing the following: (1) the appraiser's business is of a temporary nature; (2) the appraiser registers with the Board; and (3) the license or certificate issued by the other state is appropriate for the type of property to be appraised in Indiana.

Type of license / certification held	License / certification number	State of issuance
--------------------------------------	--------------------------------	-------------------

If your answer is "Yes" to any of the following, explain fully in a signed and notarized statement, including all related details. Include the violation, location, date and disposition. Letters from attorneys are not accepted in lieu of your statement. Falsification of any of the following is grounds for permanent revocation of a license or permit issued pursuant to this application.

- | | |
|--|--|
| 1. Have you ever been convicted of, pled guilty or nolo contendere to any offense, misdemeanor or felony in any state, or by the Federal courts, or any agency of the government, or are criminal charges now pending against you?
(Except for minor violations of traffic laws resulting in fines) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Have you ever been denied a license, certification, registration, or permit to practice real estate appraising or any other profession in this or any other state? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Has any complaint been filed against you in the state of Indiana, or in any other state, regarding any professional license you currently hold or have previously held? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Has disciplinary action ever been taken regarding any professional license, certification, registration, or permit that you currently hold or have previously held? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. Do you understand that continuing to practice appraising in Indiana after the completion of the assignment for which this temporary permit was issued is a violation of Indiana Code 25-34.1-8-12? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

APPLICATION AFFIRMATION

I hereby swear or affirm under the penalties of perjury that the statements made in this application are true, complete and correct.

Signature of applicant

Date signed (month, day, year)

AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby authorize, request, and direct any person, firm, officer, corporation, association, organization or institution to release to the Professional Licensing Agency or the Indiana Real Estate Appraiser Licensure and Certification Board, any files, documents, records or other information pertaining to the undersigned requested by the Agency, or the Commission, or any of its authorized representatives in connection with processing my application for licensure.

I hereby release the aforementioned persons, firms, officers, corporations, associations, organizations, and institutions from any liability with regard to such inspection or furnishing of any such information.

I further authorize the Professional Licensing Agency and the Indiana Real Estate Appraiser Licensure and Certification Board to disclose to the aforementioned persons, firms, officers, corporations, associations, organizations, and institutions any information which is material to my application, and I hereby specifically release the Agency and Commission from any and all liability in connection with such disclosures.

A photostatic copy of this authorization has the same force and effect as the original.

AFFIRMATION

I hereby swear or affirm that I have read the above statements and agree to the same.

Signature of applicant

Date signed (month, day, year)

NOTARY CERTIFICATE

STATE OF _____

SS:

COUNTY OF _____

I, _____, being duly sworn on oath, say that I am the above-named applicant, that I have personally prepared the foregoing application, and that the same is true to the best of my knowledge and belief.

Signature of applicant

Signature of Notary Public

Printed or typed name of applicant

Printed or typed name of Notary Public

Date subscribed and sworn to Notary Public (month, day, year)

County of residence

Date commission expires (month, day, year)